## **Application Data Sheet**

## **Application Information**

Application number::

Filing Date::

Application Type::

Subject Matter::

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::
Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: POWER MANAGEMENT FOR WIRELESS

PERIPHERAL DEVICE WITH FORCE

**FEEDBACK** 

Attorney Docket Number:: 9623E-035100

Request for Early Publication:: No Request for Non-Publication:: Yes

Suggested Drawing Figure::

Total Drawing Sheets:: 3

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Mark

Middle Name:: Thomas

Family Name:: Lavelle

Name Suffix::

City of Residence:: San Mateo

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 349 Landfair Avenue

City of Mailing Address:: San Mateo

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94403

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Hugues

Middle Name:: Michel

Family Name:: Favey

Name Suffix::

City of Residence:: Fremont

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 4863 Montague Avenue

City of Mailing Address:: Fremont

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94555

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: David

Middle Name:: Ernest

Family Name:: Wegmuller

Name Suffix::

City of Residence:: Union City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 4275 Solar Circle

City of Mailing Address:: Union City

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94587

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Switzerland

Status:: Full Capacity

Given Name:: Eric

Middle Name::

Family Name:: Schmid

Name Suffix::

City of Residence:: Menlo Park

FOCATAYE GENELES

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1058 Oakland Avenue

City of Mailing Address:: Menlo Park

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Ireland

Status:: Full Capacity

Given Name:: Patrick

Middle Name:: Paul

Family Name:: Loughnane

Name Suffix::

City of Residence:: Newark

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 36025 Dalewood Drive

City of Mailing Address:: Newark

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94560

## **Correspondence Information**

Correspondence Customer Number:: 20350